

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000144365

1. Entity Name
NICOL BROTHERS, INC.



Principal Place of Business
746 SE EVERGREEN TERR
PORT SAINT LUCIE, FL 34983

Mailing Address
746 SE EVERGREEN TERR
PORT SAINT LUCIE, FL 34983

FILED
Sep 12, 2008 08:00 AM
Secretary of State



09022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3773948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICOL, SCOTT
746 SE EVERGREEN TERR
PORT SAINT LUCIE, FL 34983

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NICOL, SCOTT
746 SE EVERGREEN TERR
PORT SAINT LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
NICOL, ROBERT
3391 NE WEST CT., APT. 103
JENSEN BCH, FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000959560
09/12/08-80002-006 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Scott Nicol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/08

Date

772-390-3746

Daytime Phone #